A case of septic shock; Have you ever think about Strongyloides stercoralis?

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Argomento: Caso clinico

CASE DESCRIPTION

The patient described in this case report is a female, 74 yso, farmer in Pavia surroundings with a history of metabolic diseases and breast cancer recently treated.

The patient was admitted to the Neurosurgery ward due to a left convexity meningioma waiting for surgical treatment. Dexamethasone therapy was started. One week later the patient was admitted to our ICU due to a septic shock and a moderate to severe ARDS. A CT-scan found a bilateral pneumoniae. The microbiological findings were a S.*sterocoralis* and P.*jiroveci* on BAL.

The antibiotical therapy was modified to Ivermectine, Meropenem and Bactrim.
Dexamethasone was stopped but the mineralcorticoid support wasn't, due to the high haemodinamic instability.

Three days later another BAL was performed; the S.*stercoralis* worms were still present, so Albendazole was added and mineralcorticoid support was stopped. After one week the patient died after developing a new septic shock.

DISCUSSION

Infection with S.*stercoralis* was first reported in the year 1876 in French soldiers on duty in Vietnam.

The term "*hyperinfection*" is often used to denote autoinfection, a phenomenon in which the number of worms increases tremendously and became detectable in extraintestinal sites.

Corticosteroid therapy is a well-known risk factor for developing the hyperinfection syndrome and *Strongyloides* infection is endemic in Pavia surroundings.

The management of the patient tried to cure the condition and to prevent all possible complications due to the hyperinfection condition; this include: stop steroids, start antibiotic for GI translocation, prevention of GI haemorrhage and GI obstruction and management of respiratory obstructive syndrome.

CONCLUSION

The take home message is to ever consider the possibility of Hyperinfection Syndrome in at risk patient with Gram negative sepsis or septic shock of unknown origin.